



Maryland Department of Health and Mental Hygiene Mental Hygiene Administration - Office of Special Needs Populations

Mission Statement:

The Office of Special Needs Populations is responsible for the planning, development, monitoring and coordination of services for individuals who have special needs. Services are offered through specialized programs and the public mental health system for individuals who are homeless, individuals who are deaf and hard of hearing, individuals with mental illness and/or substance use disorders and trauma related affects, individuals with one or more co-occurring disorders who are incarcerated, and individuals who are victimized by natural or man made disasters. The goals of the programs administered by the office are to reduce recidivism to homelessness, detention centers, and psychiatric hospitals by addressing the needs of consumers through coordination and collaboration. The office works closely with local mental health authorities, local HUD Homeless Continuum of Care planning entities, mental health providers, substance abuse providers, MHA funded trauma specialist, the judicial system, local detention centers, the Maryland Correctional Administrators, the Department of Public Safety and Correctional Services, the Social Security Administration, and the Disability Determination Services (DDS) Administration.

The Maryland Community Criminal Justice Treatment Program

Recent studies on the criminal justice system find that 14 percent of men and 31 percent of women incarcerated in a detention center have a serious mental illness (GAINS, 2009). In addition, approximately 85 percent of justice-involved individuals with mental illnesses also experience a substance abuse disorder. Without appropriate screening and treatment made available in the jail, physical and mental health deterioration may increase, and the risk of recidivism is high.

The Mental Hygiene Administration (MHA) supports and oversees the Maryland Community Criminal Justice Treatment Program (MCCJTP) in 23 of 24 jurisdictions. The goal is to assist local detention centers to meet the comprehensive needs of this vulnerable population with the hope to reduce recidivism to homelessness, to detention centers, and to psychiatric hospitals. Each participating jurisdiction creates an advisory board comprised of representatives from various community agencies working in areas of mental health, alcohol and substance abuse, case management, legal counsel, the judiciary, parole and probation, law enforcement, social services, and consumer advocates, and consumers. MHA requires that each advisory board compose a memorandum of agreement (MOA) that defines the role and/or specific services each agency member will contribute to the board.

The program focuses on providing a continuum of care to individuals who are 18 years of age or older, diagnosed with serious mental illness and/or co-occurring disorder, and are incarcerated in local detention centers or on intensive parole and probation caseloads. These objectives are met through a combination of mental health and case management services that are intended to identify and treat this vulnerable population with the hope of increasing the success of independent living and, therefore, reducing recidivism.

To meet these goals, the Mental Hygiene Administration contributes \$1.9 million annually to alleviate costs for case management, psychotherapy and psychiatric services that begin in detention center and carry through to the community. All consumers meeting medical necessity criteria are provided an array of services through our Public Mental Health System. Local county governments and detention centers have also provided funds and local agencies have provided in-kind services.

Shelter Plus Care Housing Program

In July 1995, the United States Department of Housing and Urban Development granted MHA a \$5.5 million five-year Shelter Plus Care grant to provide housing to individuals who are homeless and have a serious mental illness and their dependents, upon release from the detention center. Since the program's inception a total of \$36 million dollars of Shelter Plus Care Housing funding has been received from HUD to subsidize housing in 21 jurisdictions. In FY 2011, the Shelter Plus Housing Program was funded at \$4.5 million in HUD funding.

Currently, MHA's Shelter Plus Care Housing Program provides tenant and/or sponsor-based rental assistance to individuals and families with an adult member who has a serious mental illness, who are homeless and are being released from the local detention centers, as well as homeless individuals and families with an adult member who has a mental illness with no legal involvement. The rental assistance is matched with an array of supportive services from state, local and private nonprofit agencies. In Fiscal Year 2011, a total of 637 persons were in the Shelter Plus Care Program, including 136 single individuals and 189 families with 312 children. . MHA works with the local Continuum of Care Boards to incorporate the Shelter Plus Care Program in their applications for continued funding and seeks additional Shelter Plus Care Housing funding for the specific populations served under the Office of Special Needs Populations.

TAMAR Program

In 1998, the Office of Special Needs Populations received a two year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Women and Violence Demonstration grant. Maryland was one of fifteen recipients across the nation and the only site to focus on women in the criminal justice system. This pilot project provided a full array of training and clinical services to women incarcerated in detention centers who have been traumatized by physical or sexual abuse. In order to participate in the pilot, the women had to have a co-occurring substance abuse and psychiatric disorder. The three original jurisdictions participating in the Maryland project were Dorchester, Calvert, and Frederick Counties. After federal funding for the project ended in 2001, MHA, pleased with the project's success, committed to continue funding this program.

Today, T.A.M.A.R. continues to provide an array of services to justice involved individuals with trauma histories with a goal to heal from their abuse and lead healthy, law abiding, productive lives. In partnership with a variety of agencies including the Core Service Agencies and the Maryland Correctional Administrators Association, the TAMAR program continues to expand supporting programs in eight counties: Anne Arundel, Baltimore, Caroline, Dorchester, Frederick, Garrett, Prince George's and Washington Counties, as well as, Springfield State Hospital. Dorchester, Frederick, and Washington Counties have expanded to provide community based services. In Fiscal Year 2009, a total of 575 women and men were served through this project. 86% were identified with a co-occurring disorder.

PATH Program

Maryland's Projects for Assistance in Transition from Homelessness (PATH) program was developed in 1991. PATH is a federal formula grant from the Substance Abuse Mental Health Services Administration (SAMSHA) Center for Mental Health Services. PATH provides flexible community and detention center-based services to individuals who are homeless and have a mental illness. Services include screening and assessments, rehabilitation and habilitation services, case management linkage to housing,

referrals to primary health and mental health, employment and education services, housing assistance, security deposits, one-time only funds to prevent eviction, SOAR outreach and assistance applying for SSI/SSDI benefits, and other services. PATH services are funded in Baltimore City and all counties in Maryland.

In FY 2011, PATH program was funded at \$1,287,000. In FY 2012, PATH will be funded at \$1,284,000 a decreased in \$3,000 in funding from the previous year. In addition to PATH and Shelter Plus Care, MHA works collaboratively with several federal, state, and local agencies to develop specialized programs and plans to address homelessness in Maryland.

Deaf Services

Providing full accessibility to deaf consumers is a priority of the Office of Special Needs Populations. The Office of Special Needs Populations works with community-based programs, Springfield Hospital Center, and the Maryland Advisory Council for the Deaf and Hard of Hearing to coordinate community and inpatient services for persons who have a serious mental illness and are deaf or hard of hearing. MHA currently operates a separate unit at Springfield Hospital serving deaf consumers in need of hospitalization. The unit provides full accommodations for deaf consumers and employs a full complement of deaf mental health professionals who are fluent in American Sign Language. MHA also provides client support funds and state funding to CSAs to provide assistance for deaf consumers to access outpatient treatment, psychosocial rehabilitation services, case management, and residential rehabilitation services through interpreters and/or staff fluent in American Sign Language. Additionally, limited outpatient clinic, residential rehabilitation and mental health services are available to individuals who have a serious mental illness who are deaf or hard of hearing through the Public Mental Health System.

The Office of Special Needs Populations also participates on several committees and advisory boards related to enhancing services for consumers who are deaf and hard of hearing. This includes the Maryland Advisory Council for the Deaf and Hard of Hearing and the advisory's Behavioral Health subcommittee.

Behavioral Health Disaster Services

The Office of Special Needs Populations has the responsibility for coordinating the delivery of behavioral health services in response to natural and man-made disasters. The Mental Hygiene Administration has been the recipient of several grants from SAMHSA's Center for Mental Health Services and the Federal Emergency Management Agency, including:

- The KARE Project which provided short-term crisis counseling to assist survivors of Hurricane Katrina who evacuated to Maryland.
- Isabel Outreach Project which provided short-term crisis counseling to assist survivors of Hurricane Isabel with recovery;
- Terrorism-Related Disaster Relief which supports program planning, development, implementation, and training to improve the State's disaster mental health response capacity and collaboration with local jurisdictions. Services include: technical assistance to and training for Maryland Professional Volunteer Corps, culturally competent trainings and presentations for service providers and general public, inter-agency collaboration, and the development of a data information surveillance network to collect data – HOTS;

- Emergency Response Capacity grant to assist Maryland's Mental Hygiene Administration and Alcohol and Drug Abuse Administration to develop coordinated, All-Hazards Behavioral Health Disaster Plans.

Chrysalis House Healthy Start Program

The Office of Special Needs Populations is the lead State agency responsible for the oversight of the Chrysalis House Healthy Start (CHHS) Program. CHHS Program was created by the Mental Hygiene Administration in partnership with various agencies within the Department of Health and Mental Hygiene, the Department of Public Safety and Correctional Services (DPSCS), the Administrative Office of the Courts, Baltimore Mental Health Systems, Inc. and the Archdiocese of Baltimore. The Chrysalis House Healthy Start Program, opened in July 2007 and is a 16-bed statewide diagnostic, transitional, and diversion program for pregnant and post-partum women 18 years of age or older and their babies.

The goal of the program is to prevent the participants from recidivism to multiple high cost service systems. The program is operated through the collaborative resources of Chrysalis House, Inc., the Family Tree, Baltimore City Healthy Start Program, and University of Maryland Medical Systems, Inc. The program provides a comprehensive assessment of the women's needs, access to appropriate treatment resources, and the provision of services and support services designed to meet the needs of women and their babies. Services include prenatal care, addiction services, mental health and trauma treatment, parenting skills training, life skills training, job training, and a host of other support services to pregnant women and their babies.

SOAR Initiative

In April 2008, the Office of Special Needs Populations assumed the leadership of the state's SSI/SSDI, Outreach, Access, and Recovery (SOAR) Initiative. As a part of this initiative, the office in collaboration with the National SOAR Technical Assistance Center through Policy Research Associates provides technical assistance to local counties with developing a strategic work plan for implementing SOAR, participates in SOAR local planning workgroups, offers a 2-day training for case managers, mental health, and human services providers, and chairs the state's SOAR planning workgroup.

SOAR is a strategy that helps states to increase access to mainstream benefits for individuals who are homeless or at risk of homelessness through training, technical assistance and strategic planning, a 4-day train-the-trainer program, and a 2-day training program for case managers that include the use of the Substance Abuse and Mental Health Services Administration's (SAMHSA) *Stepping Stones to Recovery* training curriculum and technical assistance. Through the SOAR Initiative 37 states have been able to access SSI/SSDI benefits for 8978 persons who are homeless who have disabilities with a 73% approval rate on the initial application in an average of 91 days. In FY 2011, SOAR was operational in Baltimore City, Anne Arundel, Carroll, Frederick, Howard, Lower Eastern Shores, Montgomery and Prince George's counties, and a number of other counties are in the process of implementing SOAR.

The Homeless ID Project

Is a new initiative funded through \$500,000.00 in appropriations from the Alcohol Tax beginning July 2012. The project is present in all counties of Maryland and administered through selected Lead Core Service Agencies that use the funding to pay the cost of MD identification cards and birth certificates. The target population is homeless individuals or those in imminent risk of becoming homeless that have a mental illness or co-occurring substance use disorder.

The purpose of the project is to eliminate barriers for mentally ill homeless individuals caused by not having a Maryland I.D. or birth certificates. By having these two very important documents, access to housing, healthcare, entitlements and other resources in the community can be gained. The funding also covers 5 SOAR dedicated Case Management positions. The SOAR Case Management positions become a very important asset to the Homeless ID Project because the efficacy of the SOAR Initiative will also be proven as a valued tool to help homeless individual's access financial benefits allowing them to gain stability in the community.

For more information contact Marian Bland, LCSW-C, Director of the Office of Special Needs Populations or the Program Staff listed below:

Shelter Plus Care Program: Keenan Jones, Sherry Boyd, and Judith Cabral

PATH and Homeless Services: Keenan Jones or Judith Cabral

SOAR Initiative: Marian Bland or Caroline Bolas

MCCJTP, TAMAR and Jail Based Services: Darren McGregor & Stephanie Lewis

Deaf and Hard of Hearing Services: Marian Bland

Behavioral Health Disaster Services: Marian Bland & Darren McGregor

Chrysalis House Healthy Start Program: Marian Bland or Caroline Bolas

DPSCS Criminal Justice Collaboration (Reach-in Program): Marian Bland, Stephanie Lewis, and Darren McGregor

Homeless ID Project: Sherry Boyd & Marian Bland

Office of Special Needs Populations, Mental Hygiene Administration

8470 Dorsey Run Road, P O Box 1000, Jessup, MD 20794-1000

Phone (410) 724-3235 Fax (410) 724-3239

Marian.Bland@maryland.gov; Caroline.Bolas@maryland.gov; Sherry.Boyd@maryland.gov;
Judith.Cabral@maryland.gov; Keenan.Jones@maryland.gov; Stephanie.Lewis@maryland.gov;
Darren.McGregor@maryland.gov